



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ANNOUNCEMENT OF FUNDING

CRISIS STABILIZATION UNIT and CRISIS WALK-IN CENTER

**Serving TDMHSAS Region 1 and 2 Counties: Anderson, Campbell,
Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson, and
Union Counties**

Release Date: April 3, 2020

TENNESSEE FISCAL YEAR 2021
July 1, 2020 - June 30, 2021

Completed proposals due: May 7, 2020

Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services
Andrew Jackson Building, 5th Floor, 500 Deaderick Street
Nashville, Tennessee 37243
tn.gov/behavioral-health

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Division of Mental Health Services**

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Release Date: April 3, 2020

1. INTRODUCTION

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Division of Mental Health Services (DMHS) is seeking proposals from current TDMHSAS funded crisis services providers to operate an East Tennessee-based Crisis Stabilization Unit (CSU) and walk-in mental health triage center (WIC). The successful proposer will serve adults (aged 18 or older) who are experiencing a behavioral health crisis while physically located within TDMHSAS Region 1 or 2 Counties including Anderson, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson, or Union County. The CSU/WIC must be physically located in one of the following counties: Anderson, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson, or Union. TDMHSAS is seeking an agency to begin provision of services within three (3) months of award notice, unless otherwise negotiated at the time of notice.

Crisis Stabilization Unit (CSU) services are specifically designed for Tennesseans ages eighteen (18) years and older experiencing a psychiatric emergency who are in need of short-term stabilization, up to ninety-six (96) hours, who do not meet the criteria for other treatment resources, or other less restrictive treatment resources are not available, or the service recipient is agreeable to receive services voluntarily at the CSU and meets admission criteria. If necessary, in order to assure that adequate arrangements are in place to allow for the safe discharge of the service recipient, the length of stay may be extended by up to twenty-four (24) hours. See full CSU licensure requirements at <https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-18.20081014.pdf>.

Crisis Walk-in Triage Services are non-hospital, facility-based services, affiliated with each of the Crisis Stabilization Units, offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365). Crisis Walk-in Triage Services include, at a minimum, crisis triage, assessments and evaluations; crisis interventions; general medical screening; 23-hour observation; access to a psychiatric medication prescriber; 24-hour nursing assessments; medical management assistance; referral and service linkage; and follow-up services.

Crisis Stabilization Units serve as a valuable alternative to psychiatric inpatient utilization. The goal of CSUs across the state is to allow individuals to receive services within their communities in an environment that is less restrictive than psychiatric inpatient hospitalization. Funding for this service was made available in Regions 1 and 2 following the closure of Lakeshore Mental Health Institute occurring in 2012. Since community reinvestment dollars were used it is essential that the new CSU remain within Regions 1 and 2. See Attachment F for a regional map.

The goal of state funded walk-in triage centers is to ensure that individuals in need of behavioral health services receive same day access to needed services without requiring a visit to an emergency department. Offering a therapeutic environment to individuals in a behavioral health crisis offers an opportunity for an improved experience for individuals encountering the mental health system for the first time and aids emergency departments often affected by bed boarding issues.

TDMHSAS is seeking provider agencies with strong collaborations with community providers, law enforcement, emergency departments, advocacy groups, and psychiatric inpatient hospitals as these partnerships are essential to the success of walk-in center and crisis stabilization unit services.

TDMHSAS is seeking a provider agency that can effectively increase the number of CSU admits in the counties of service while also reducing the number of referrals requiring psychiatric inpatient services at Moccasin Bend Mental Health Institute and other TDMHSAS state contracted private psychiatric facilities. Please refer to the utilization data below.

Table 1. Utilization Data - Sorted highest to lowest

County of Residence	Total CSU Admits Referred by Crisis Serving Catchment Area FY19	County of Residence	Total MBMHI Region 1&2 Admits FY19
Hamblen	235	Knox	257
Knox	127	Sullivan	53
Jefferson	72	Sevier	47
Cocke	68	Hamblen	39
Claiborne	46	Blount	38
Grainger	35	Claiborne	35
Sevier	18	Anderson	31
Hawkins	15	Monroe	30
Anderson	13	Campbell	27
Blount	10	Cocke	26
Greene	9	Roane	24
Union	7	Loudon	23
Campbell	4	Washington	23
Hamilton	4	Jefferson	16
Roane	3	Scott	15
Loudon	2	Carter	10
McMinn	2	Union	10
Morgan	2	Grainger	8
Out of State	2	Morgan	8
Hancock	1	Greene	6
Johnson	1	Hawkins	4
Monroe	1	Hancock	2
Rutherford	1	Unicoi	2
Total	678	Total	734

2. GENERAL CONDITIONS

2.1 Funding Information

2.1.1 Project Period: The funding term for the selected proposal will be July 1, 2020 through June 30, 2021. As funds are available, and subject to provider performance, there may be additional Grant Contract periods for these services. Subject to the availability of funds, the funds for this project are expected to be recurring and future years of funding would follow the state fiscal year July 1 through June 30.

2.1.2 Funding Amount: A State of Tennessee Cost Reimbursement Grant Contract totaling an estimated \$1,857,000 per year is available to cover the cost of providing the contracted services. Any additional funding required to renovate or build the infrastructure will be negotiated at the time of award. State funds are intended to be only part of the funding that supports the services since the provider will collect payments from TennCare and other third-party payors. The Grantee shall be reimbursed for the lesser of year-to-date actual, reasonable, and necessary costs, or 1/12th of the annual Grant Budget times the elapsed months to date invoiced, not to exceed the Maximum Liability established in the Grant Contract. The Grantee can bill more than 1/12th of the annual Grant Budget in any month provided that the year-to-date actual, reasonable, and necessary costs do not exceed the year-to-date prorated Grant Budget.

2.1.3 Allocations: Funding allocations will be awarded based on how well a proposer addresses the guidelines and criteria of this Announcement of Funding (AOF). Up to one (1) award will be allocated.

2.1.4 Subject to Funds Availability: Grant contracts awarded as a result of this announcement of funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2.1.5 Grant Contract Requirements: Grant contracts awarded as a result of this announcement of funding must comply with all contract requirements and will be subject to both programmatic and fiscal monitoring. Proposers should review the TDMHSAS Grantee Manual before applying. The Grantee Manual includes resources about the grant contracting process, highlights key contract provisions, reviews the programmatic and fiscal requirements for grant contracts, outlines the monitoring process, and provides resources related to grant management. The manual is located on the Grants Management section of <https://www.tn.gov/behavioral-health/for-providers/grants-management.html>.

2.2. Timeline

The following schedule of events represents the State's best estimate of the schedule that shall be followed for this AOF project. The State reserves the right in its sole discretion to adjust this schedule as it deems necessary. In the event such action is taken, notice of such action will be posted on the State's website at <https://www.tn.gov/behavioral-health/departments-funding-opportunities.html> and notice of the posting will be distributed via the proposer e-mail list.

Date	Event
April 3, 2020	TDMHSAS releases Announcement of Funding.
April 13, 2020	Proposers' Written Questions Regarding the Announcement are due by 4:30 PM (CDT) on April 13, 2020.
April 17, 2020	TDMHSAS hosts a conference call on April 17, 2020 to respond to questions and/or TDMHSAS posts written responses to questions by April 17, 2020.
May 7, 2020	Proposals are due via e-mail by 4:30 PM (CDT) on May 7, 2020.
May 15, 2020	TDMHSAS sends a written notice to proposers and opens files for public inspection.
July 1, 2020	Contract shall be effective upon gathering all required signatures and approvals from the State in accordance with Section D.1 Required Approvals.

2.3 Eligibility

2.3.1 A proposer, for purposes of this Announcement, must:

- a. currently provide state contracted crisis services to individuals with mental illness and co-occurring disorders in Regions 1 and/or 2; and
- b. currently serve individuals with TennCare and individuals who are uninsured, and
- c. be qualified to staff and operate an East Tennessee-based Crisis Stabilization Unit (CSU) and a walk-in mental health triage center (WIC) located in Anderson, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson or Union Counties. Will be required to obtain a CSU license before operating.

2.3.2 A proposer, for purposes of this Announcement, must NOT be:

- an agency which employs an individual who currently is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purposes of furthering the private interest or personal profit of any person; and
- for purposes of applying the requirements above, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

2.4 Scope of Services

The scope of services will be developed when a selection is made and will reflect the contents of the proposal. Please note that the State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

2.4.1 Crisis Stabilization Unit (CSU) Services

Crisis Stabilization Unit Component: Provide, staff, and maintain a 15-bed Crisis Stabilization Unit (CSU) facility licensed by the State of Tennessee to offer twenty-four hours per day, seven days per week, three hundred sixty-five days per year intensive, short-term stabilization and behavioral health treatment for those persons whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment. The CSU will provide services to individuals who are physically present in the Tennessee counties it serves: Anderson, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson and Union.

2.4.2 The Grantee shall comply with and meet the following minimal requirements

Crisis Stabilization Unit Services:

1. Maintain one (1) or more licensed CSUs with walk-in triage capabilities and ensure that the location of each CSU is safe and accessible to behavioral health providers, emergency service providers, law enforcement, and those in need of these services. The space occupied by each CSU shall meet all applicable codes and licensure requirements. Proof of licensure shall be made available upon request of the State. The CSU funded under this AOF must be in Anderson, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson or Union County.
2. Ensure that each CSU consists of fifteen (15) beds, in a space with semi-private rooms, a dayroom, a reception area, private offices, kitchen facilities, and bathroom facilities appropriate for the number of beds and for serving both males and females.
3. Make every attempt to admit an individual regardless of whether the individual has access to currently prescribed medication(s). Issue and fill prescriptions needed to manage the safety and stability of the individual being admitted.
4. Maintain a state-approved monthly CSU denial log, to include referral source, dates and reason for denial for each denied referral. Up-to-date denial log to be made available upon request of the State.
5. Continuity of care with providers must occur including continuity of care on the discharge plan, treatment plan, and/or medication management. Documentation of these activities, including efforts to conduct these activities, shall be maintained in everyone's service record and/or clinical service record.
6. Only provide services for which the appropriate licenses have been issued (facility and personnel). Proof of all credentials and other licensure shall be made available upon request of the State. Services shall include at a minimum:
 - a. behavioral health assessment and general medical screening;
 - b. psychiatric consultation;

- c. medication management; For every medication administered to an individual admitted to the CSU, there shall be a documented corresponding prescriber's order.
- d. group psychotherapy and/or psychoeducation, which shall occur daily and include the following topics: Illness Management and Recovery; Trauma Informed Care; Stress Management and Coping Skills; Health; Wellness; Co-occurring; and Prevention;
- e. at least two peer-led groups a week, the focus of which shall be to assist each service recipient in adhering to his or her treatment plan and to understand the ongoing nature of recovery;
- f. individual therapy, as appropriate;
- g. social detoxification services;
- h. access to general medical services;
- I. weekend/holiday discharge;
- j. individualized treatment plans;
- k. appropriate discharge services shall be provided for all individuals that receive services at the CSU and include drug and alcohol treatment services (as needed); community linkage to services; and/or support services; and access to medication. Discharges shall not occur without a discharge plan and crisis management plan having been completed and developed with the participation of the service recipient. For individuals at risk of suicide, Safety Planning and means restrictions education shall be provided to the individual and/or support system at the time of discharge. Outpatient appointments shall be scheduled before discharge to assure access to a provider for adequate follow-up and medication monitoring. Appointments shall be scheduled for a time within seven business days of discharge. Additionally, a follow-up call, e-mail, text or letter shall be made to the individual within one business day to ascertain wellbeing and another follow-up call, e-mail, text or letter shall be made within ten business days to ascertain if appointments were kept and to resolve any barriers that the individual encountered for keeping discharge appointments. If an individual is admitted and discharged on a weekend and or holiday, the CSU shall schedule the discharge appointment on the next business day and notify the individual where and when appointments have been;
- l. transportation to and from the facility to meet the emergency and non-emergency needs of individuals shall be available twenty-four hours per day, seven days per week, three hundred sixty-five days per year. Transportation from other CSU catchment areas where an individual would have been serviced if bed capacity had allowed shall be coordinated between receiving and referring agencies.

7. Provide services on a short-term basis not to exceed ninety-six (96) consecutive hours (four (4) calendar days). In situations in which there are unusual and/or extenuating circumstances, with prior written approval by the State, one additional twenty-four (24) consecutive hour period (one (1) calendar day) may be granted by Licensure, not to exceed a total stay of one hundred and twenty (120) consecutive hours (five (5) calendar days).

8. Ensure that each CSU is adequately staffed to meet the needs of the population served as required by licensure standards. The Grantee must have at least one (1) Certified

Peer Recovery Specialist (CPRS) on staff at each CSU. If a currently employed Peer Recovery Specialist is not yet certified, certification must be obtained within the term of this Grant Contract. Newly hired Peer Recovery Specialists must obtain certification within one (1) year of date of hire if not certified. Proof of credentials shall be submitted upon request of the State.

9. Ensure that safety checks are conducted and documented no less than every fifteen minutes for individuals admitted to the CSU.

2.4.3 Crisis Walk-in Triage Services

Crisis Walk-in Triage Services (WIC) Component: Provide crisis Walk-in Center non-hospital, facility-based triage services, affiliated with each Crisis Stabilization Unit, offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365). Services must include, at a minimum, crisis triage, assessments and evaluations; crisis interventions; general medical screening; 23-hour observation; access to a psychiatric medication prescriber; 24-hour nursing assessments; medical management assistance; referral and service linkage; and follow-up services. These services shall be made available to adults (aged 18 or older) who are experiencing a behavioral health crisis. Individuals may be maintained in the walk-in center pending final disposition to the recommended level of care. Phone triage and/or face-to-face assessments shall not be denied to any caller in the absence of suicidal or homicidal ideation or verbalizations.

2.4.4 The Grantee shall comply with and meet the following minimal requirements:

1. Establish and maintain crisis walk-in triage services for any individual needing services who presents in a behavioral health crisis.
2. Provide services, twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365), in a location that is safe and accessible to behavioral health providers, emergency service providers, law enforcement, and those in need of these services. The space in which any crisis walk-in triage services are provided shall meet all applicable codes and licensure requirements. Proof of licensure shall be made available upon request of the State.
3. Ensure that individuals seeking crisis walk-in triage services are assessed within one (1) hour of arriving on site. Maintain documentation of arrival time at walk-in triage services and make available to the State upon request.
4. Accept individuals for further evaluation who are transported to each walk-in center with a completed first (1st) Certificate of Need (CON) in need of a tele-health State RMHI admission evaluation.
5. Ensure that crisis walk-in triage services consist of, at a minimum, crisis triage, assessments and evaluations; crisis interventions; general medical screening; 23-hour observation; access to a psychiatric medication prescriber; 24-hour nursing assessments;

medical management assistance; referral and service linkage; and follow-up services as specified by the State.

6. Ensure that safety checks are conducted and documented no less than every fifteen minutes for individuals admitted to the Walk-In Center 23-hour observation unit.

7. Ensure that those who provide crisis walk-in triage services have access, on-site twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365), to (A) a Mandatory Pre-screening Agent (MPA) or a licensed physician or licensed psychologist with health service provider designation who has the legal statutory authority to write a Certificate of Need; AND (B) a prescriber as needed. Further ensure that the space in which these services are provided is adequately staffed to meet the needs of the population served by providing staff and resources to assist the State in fulfilling its mission to maintain crisis services for all individuals in Tennessee regardless of insurance.

8. Partner with other local behavioral health providers, emergency services agencies, law enforcement, and other community providers to determine service gaps and identify solutions resolved through the use of the crisis walk-in triage services including how to utilize the service(s) and how to divert from an emergency department and/or jail.

9. Follow-up must be conducted within twelve (12) hours following face-to-face assessment with a Mandatory Prescreening Agent and up to twenty-four (24) hours for all other assessments. A minimum of three (3) attempts should be conducted before a follow-up is considered unsuccessful.

2.5 Communications

2.5.1 Coordinator The following person shall be the main point of contact for this Announcement of Funding: Caron Petersen. All proposer communications concerning this AOF must be directed to the Coordinator via e-mail: Caron.L.Petersen@tn.gov. Unauthorized contact regarding this Announcement of Funding with other TDMHSAS employees may result in disqualification.

2.5.2 Proposer E-Mail List The State will create an e-mail list to be used for sending communications related to this Announcement. **If you wish to be added to this list, please promptly send your contact information, including e-mail address, to Caron.L.Petersen@tn.gov. Any delay in sending such information may result in some communications not being received. The State assumes no responsibility for delays in joining the e-mail list.**

2.5.3 Questions and Requests for Clarification Questions and requests for clarification regarding this Announcement should be submitted in writing no later than 4:30 CDT on April 13, 2020 to Caron.L.Petersen@tn.gov. Questions submitted after this deadline will not be answered. A conference call will be held on April 17, 2020 to respond to questions submitted by April 13, 2020.

2.5.4 State's Response to Questions and Requests for Clarification by April 17, 2020 the State will provide written responses to all questions and requests for clarifications received by April 13, 2020. The State's written responses will be posted on the State website at <https://www.tn.gov/behavioral-health/departments-funding-opportunities.html>. Only the State's official, written responses and communications will be binding regarding this Announcement. The State will consider oral communications of any type to be unofficial and non-binding. The State assumes no responsibility for a proposer's failure to view the State's written responses to questions and/or requests for clarification.

2.6 Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection

2.6.1 Preparation of Proposal: The proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the proposer associated with the proposal.

2.6.2 Proposal Formatting Requirements: The State's goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting and content requirements have been established for proposals.

- Proposals must be received via e-mail by the deadline of 4:30 PM CDT on May 7, 2020.
- Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal.
- Proposal pages must be typed in font size twelve, single-spaced on standard 8 ½" x 11" paper, with 1" margins. The spacing and margin requirements do not apply when preparing the attachment worksheets.
- All proposal pages and attachments must include a header with Proposer name, project title "CSU/WIC" and the document page number.
- The length of the proposal is limited to fifteen (15) pages for the CSU/WIC project narrative and four (4) pages for the proposed budget including summary, detail, salary, and budget justification. The letters of support, cover letter, coversheet, service agreements, and organizational charts do not count against the total page count.

2.6.3 Proposal Submission: Proposals should be submitted to the State via e-mail to Caron.L.Petersen@tn.gov by 4:30PM CDT on May 7, 2020. Proposals must be complete and comply with all requirements of this Announcement in order to be eligible for review.

2.6.4 Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements and all deadlines of this Announcement.

2.6.5 State's Right to Reject Proposals: The State reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this Announcement if it is in

the best interest of the State as determined in the State's sole discretion. In the event such action is taken, notice of such action will be posted on the State's website at <https://www.tn.gov/behavioral-health/departments-funding-opportunities.html> and notice of the posting will be distributed via the proposer e-mail list.

2.7 Proposal Review, Components, Scoring, and Selection

2.7.1 Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. Incomplete and noncompliant proposals will not be reviewed. The State recognizes the need to ensure that funding provided for the CSU/WIC provides the maximum benefit to Tennessee citizens. Grantees are selected in accordance with state policy, department duties, department powers, and commissioner duties and powers as related to service as the state's mental health and substance abuse authority responsible for planning and promoting the availability of a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports that meet the needs of service recipients in a community-based, family-oriented system.

2.7.2 Proposal Components: Please note, incomplete proposals will not be reviewed. Each proposal should contain the following sections, assembled in this order:

- Cover Letter
- Coversheet (Attachment A, signed by authorized representative)
- Table of Contents
- Project Narrative (maximum 15 pages)
- Organization Chart(s) (Attachment B)
- Proposed Budget and Budget Justification (Attachment C)
- Existing Agreements and Third-Party Revenue Source (Attachment D)
- Letters of Support (Attachment E) letters do NOT count against the total page limit

2.7.3 Proposal Scoring: Each proposal is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the reviewer may assign. Reviewed proposals may receive a total score between zero (0) and one hundred (100).

Proposal Component	Score
Cover Letter	0 points, but essential
Cover Sheet (Attachment A)	0 points, but essential
Table of Contents	0 points, but essential
Project Narrative: <ul style="list-style-type: none"> • Relevant Experience (5 points) • Continuum of Crisis Services Design (50 points) • Cultural Competence (5 points) • Proposed Staffing Design (15 points) • Community/Key Partners (5 points) 	80 points
Organizational Chart(s) (Attachment B).	0 points

Organizational chart for the entity submitting the proposal, demonstrating where the CSU and WIC fits within the overall structural organization of the entity submitting the proposal	
Proposed Budget and Budget Narrative (Attachment C) Appropriate and realistic budget must be submitted along with a narrative justifying the budget.	10 points
Existing Agreements and Third-Party Revenue Source (Attachment D) Provide documentation of any existing agreements with community stakeholders that provide additional resources to the CSU and WIC. List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity. This attachment and its documentation do not count toward the fifteen (15) page limit of the Proposal Narrative.	5 points
Letters of Support (Attachment E) Letters of Support should demonstrate partnerships with emergency departments, law enforcement, community mental health providers, psychiatric inpatient providers and A&D providers. Letters of support do not count toward the fifteen (15) page limit of the Proposal Narrative	5 points

2.7.4 Proposal Selection: The State will notify all Proposers selected for contracting by close of business May 15, 2020.

All grant proposals are reviewed and evaluated by a group of state employees selected by TDMHSAS. Based upon the evaluations, proposal selections will be made and submitted for final approval to the Commissioner of the Department of Mental Health and Substance Abuse Services and/or Commissioner's designee.

The State reserves the right to further negotiate proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

2.8 State's Rights and Obligations Under This Announcement

2.8.1 The State reserves the right to make any changes to this Announcement of Funding, timeline, proposals selected, scope of services, amount of funding, and any other aspect of this process as deemed necessary before issuing the final Grant Contract. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on the State's website at <https://www.tn.gov/behavioral->

[health/departments/funding-opportunities.html](https://www.tn.gov/behavioral-health/departments/funding-opportunities.html) and notice of this posting will be distributed via the proposer e-mail list.

2.8.2 The State reserves the right to cancel, or to cancel and re-issue, this Announcement. In the event such action is taken, notice of such action will be posted on the State's website at <https://www.tn.gov/behavioral-health/departments/funding-opportunities.html> and notice will be distributed via the proposer e-mail list.

2.8.3 The State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

2.8.4 The State reserves the right to not issue any Grant Contracts in response to this Announcement.

2.8.5 The State reserves the right to further negotiate proposals selected to be awarded funds prior to entering into a Grant Contract.

2.8.6 State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the Grantee and the State and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations. The State shall have no obligation for services rendered by the Grantee which are not within the specified Grant Contract term.

2.8.7 Grant contracts awarded as a result of this announcement of funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

3. Project Narrative:

Proposal narrative responses should address each of the following items, as applicable. The narrative should be structured and titled consistently according to these narrative sections. There is a maximum of fifteen (15) pages for the proposal narrative section.

3.1. Relevant Experience Describe your type of business, including the licenses and accreditations that it currently maintains. Describe your agency's experience in providing behavioral health services; indicate where you provide those services. What other services, if any, do you currently provide in the ten AOF counties? (5 Points)

3.2 Continuum of Crisis Services Design

3.2.1 Indicate proposed geographic location(s) of the CSU/WIC. Describe the infrastructure and any needed renovations or leasing requirements that must occur prior to providing services. Provide a timeline depicting when the CSU/WIC will be open and operating. Detail that the CSU consists of fifteen beds, in a space with semi-private rooms, a dayroom, a reception area, private offices, kitchen facilities, and bathroom

facilities appropriate for the number of beds and for serving both males and females. (5 Points)

3.2.2 Describe the continuum of services that are offered by your organization for individuals in crisis. How will you maximize efforts to maintain individuals within their community and avoid hospitalization? (5 Points)

3.2.3 Describe the criteria, assessment tools, and information that will be utilized to determine if CSU admission and/or continuation of services is appropriate. Include any exclusionary criteria that might apply. Who will maintain an up-to-date CSU denial log, that includes referral source, dates and reason for denial for each denied referral? (3 Points)

3.2.4 Detail the direct behavioral health services and therapeutic modules that will be utilized with individuals admitted to the CSU. (3 Points)

3.2.5 Explain how and to what extent the CSU will render illness management and recovery and utilize certified peer specialists. (3 Points)

3.2.6 Describe how the CSU will render quality medication evaluation/management 24 hours/7 days per week, including the education of individuals on the proper use of medications and issuing/filling prescriptions needed to manage the safety and stability of the individual being admitted. (5 Points)

3.2.7 Explain how your organization will address individuals who wish to leave against medical advice when they meet the criteria for emergency psychiatric services. (3 Points)

3.2.8 Provide your agency's safety procedures and security measures that will be utilized for the proposed CSU, including the safety of individuals, staff and the community. (3 Points)

3.2.9 Explain your plan for ensuring safe and timely transportation for emergency and non-emergency needs of individuals to and from the facility. (5 Points)

3.2.10 Explain your plan for care coordination with outpatient providers upon admission/discharge including appropriate referral for continued treatment, medication management, therapeutic housing, substance abuse or co-occurring services. Coordination should include follow-up to increase the success of recommended consumer services. (5 Points)

3.2.11 Describe the services your walk-in center will provide including; assessment, medication management, 23-hour observation, nursing assessment, referral to appropriate providers, patient management pending hospitalization and connection to needed resources (Behavioral Health Safety Net of Tennessee, Covert, etc.). (10 Points)

3.3 Cultural Competence

3.3.1 Explain how care will be individualized and how services will be rendered in a culturally competent manner, including services for individuals with limited English proficiency or individuals who are deaf or hard of hearing. (2 Points)

3.3.2 Explain how your CSU will address the additional needs of individuals with dual diagnoses (mental illness/mental retardation) and co-occurring disorders (mental illness/substance abuse), including those in need of detoxification and service referrals. Provide your agency's plan for accessing emergency and long-term drug and alcohol treatment. Additionally, include any services your agency provides for these special populations and/or any contracts and agreements your agency currently has or will develop with other organizations to render services. (3 Points)

3.4 Proposed Staffing Design

3.4.1 Describe the staffing model you will use to ensure services are available 24/7/365. Provide a detailed, clearly labeled CSU staffing plan and a separate WIC staffing plan, both should include staff qualifications and job descriptions. Peer-led support and recovery services are a vital part of program provision, please show where peer support specialists will fit into the organizational chart. Note: all these positions should be easily identifiable on the organizational chart in Attachment B. (10 Points)

3.4.2 Share your strategy for addressing the challenges in locating and retaining professionals in a rural setting for 24/7/365 days/year staffing. (2 points)

3.4.3 Describe your organization's initial and ongoing training plan for the CSU staff and the WIC staff. Include a list of the mandatory topics/skills to be covered. (3 Points)

3.5 Community/Key Partners

3.5.1 Describe your organization's plan to develop and maintain inter-agency relationships including providing community-based services; ongoing dissemination of behavioral health information; ongoing awareness-building regarding scopes of services and admission criteria. Provide details about receiving referrals from behavioral health providers, law enforcement, emergency services, healthcare providers, substance abuse recovery providers, adult mobile crisis teams, and other referral sources. Also include a plan to coordinate services with regional crisis service providers and the Regional Mental Health Institutes. Note: copies of any existing service agreements you have with other agencies may be included in Attachment D and referenced in this section of the Narrative. (5 Points)

Attachment A

COVER SHEET

CRISIS STABILIZATION UNIT and CRISIS WALK-IN CENTER
Serving TDMHSAS Region 1 and 2 Counties including: Anderson, Campbell,
Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson and Union
County

Page 1 of 1

PROPOSING AGENCY INFORMATION	
Legal Name of Proposer	
Federal ID#	
Edison Vendor ID#	
List of Targeted Coverage Area(s) being proposed	
CONTACT PERSON INFORMATION	
Name of Contact Person	
Job Title of Contact Person	
Address of Contact Person	
E-mail Address of Contact Person	
Phone Number(s) of Contact Person	
AUTHORIZED REPRESENTATIVE INFORMATION	
Name of Authorized Representative <i>(For Non-Profit, if someone other than the Board Chairperson is named as the Authorized Representative, a signed copy of the resolution of appointment must be submitted.)</i>	
Title of Authorized Representative	
Address of Authorized Representative	
E-mail Address of Authorized Representative	
Phone Number of Authorized Representative	

Signature of Authorized Representative

Date

Attachment B
ORGANIZATIONAL CHART(S)

Provide organizational chart(s) for the Proposing agency, demonstrating (1) where the CSU/WIC staff will fit into the Proposer's overall organizational structure and (2) highlighting the job titles and supervision hierarchy for the WIC and the CSU staff.

Attachment C

PROPOSED BUDGET AND BUDGET JUSTIFICATION

PROPOSED BUDGET July 1, 2020 through June 30, 2021

Please download the [Excel budget template](#) to complete a proposed budget. The budget template has four tabs: Instructions, Summary, Detail, and Salaries. Please review the Instructions tab before completing the proposed budget.

GRANT BUDGET SUMMARY				
Agency Name:				
Program Code Name:				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period:				
BEGIN:		END:		
POLICY 03 Object Line- item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee, Grant & Award	\$0.00	\$0.00	\$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel, Conferences & Meetings	\$0.00	\$0.00	\$0.00
13	Interest	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance to Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel	\$0.00	\$0.00	\$0.00
20	Capital Purchase	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$0.00	\$0.00	\$0.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. ([posted on the Internet at: http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf](http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf))

Attachment C

PROPOSED BUDGET AND BUDGET JUSTIFICATION CRISIS STABILIZATION UNIT and CRISIS WALK-IN CENTER Serving Anderson, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson and Union County

The justification summary should provide detail to support the Grant Contract funds included in each line-item.

The budget justification should be no longer than four pages, single spaced.

Attachment D
**EXISTING AGREEMENTS AND THIRD-PARTY REVENUE
SOURCE(S)**

Provide documentation of any existing agreements with community stakeholders that provide additional resources to support the CSU and WIC.

List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity.

This attachment and its documentation do not count toward the fifteen (15) page limit of the Proposal Narrative.

Attachment E
LETTERS OF SUPPORT

Include any relevant letters of support. Possible sources: referral agencies, healthcare providers, hospitals, local law enforcement, substance use detox/treatment centers, Board Members, regional mental health institutes, housing agencies, aftercare providers, etc.

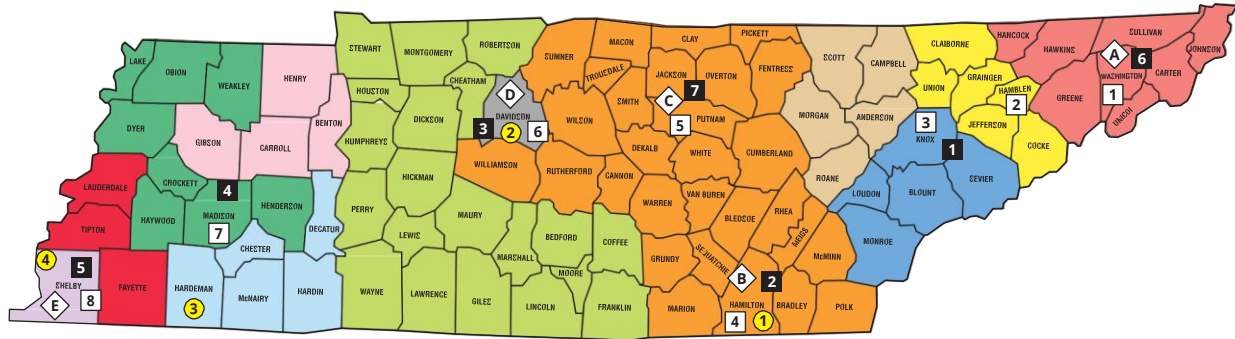
Attachment F

CRISIS SERVICES STATEWIDE MAP



TENNESSEE CRISIS SERVICES STATEWIDE MAP

Statewide Crisis Line: 855-274-7471 (855-CRISIS-1)



Mobile Crisis Teams

- Frontier Health
 - Cherokee Health Systems
 - Ridgeview Psychiatric Hospital & Center
 - Helen Ross McNabb
 - Volunteer Behavioral Health
 - Mental Health Co-Operative
 - Centerstone Community MHC
 - Carey Counseling Center
 - Quinco Community MHC
 - Pathways of Tennessee
 - Professional Care Services
 - Alliance Healthcare Services
-
- Youth Villages (9 areas statewide)

Crisis Stabilization Units/Walk-in Centers

- 1 Frontier Health
- 2 Cherokee Health Systems
- 3 Helen Ross McNabb
- 4 Volunteer Behavioral Health Chattanooga
- 5 Volunteer Behavioral Health Cookeville
- 6 Mental Health Co-Operative
- 7 Pathways of Tennessee
- 8 Alliance Healthcare Services

Regional Mental Health Institutes

- ① Moccasin Bend Mental Health Institute
- ② Middle Tennessee Mental Health Institute
- ③ Western Mental Health Institute Memphis
- ④ Mental Health Institute

Respite Services

- A Frontier Health
- B Volunteer Behavioral Health
- C Volunteer Behavioral Health
- D Mental Health Co-Operative
- E Alliance Healthcare Services

Medically Monitored Withdrawal Management (Detox)

- 1 Helen Ross McNabb
- 2 CADAS
- 3 Buffalo Valley
- 4 Pathways
- 5 Alliance Healthcare Systems
- 6 Frontier
- 7 Volunteer